

Attachments: The following attachments are adopted with and considered part of the Policy Statement for National School Lunch Program, School Breakfast Program, and/or Special Milk Program:

- Attachment A - Income Eligibility Guidelines for School Officials
- Attachment B1 - Parent Letter and Application for Pricing NSLP/SBP
- Attachment B2 - Parent Letter and Application for Non-pricing NSLP/SBP
- Attachment B3 - Parent Letter and Application for Pricing SMP
- Attachment C - Sample Notification Letter
- Attachment D - Prototype Roster for RCCIs only
- Attachment E - Verification and On-site Monitoring Plan
- Attachment F - Information Update
- Attachment G - Annual Severe Need Breakfast Determination
- Attachment H - State Issued Public Release

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Attachment A

INCOME ELIGIBILITY GUIDELINES

(Effective from July 1, 2008 to June 30, 2009)

Below are the income scales to be used to determine applicant's eligibility for free or reduced price meals if the household is at or below the guideline.

	Annually	Annually	Monthly	Monthly	Every 2 weeks	Every 2 weeks	Twice a month	Twice a month	Weekly	Weekly
Household Size	Free	Reduced Price	Free	Reduced Price	Free	Reduced Price	Free	Reduced Price	Free	Reduced Price
1	13,520	19,240	1,127	1,604	520	740	564	802	260	370
2	18,200	25,900	1,517	2,159	700	997	759	1,080	350	499
3	22,880	32,560	1,907	2,714	880	1,253	954	1,357	440	627
4	27,560	39,220	2,297	3,269	1,060	1,509	1,149	1,635	530	755
5	32,240	45,880	2,687	3,824	1,240	1,765	1,344	1,912	620	883
6	36,920	52,540	3,077	4,379	1,420	2,021	1,539	2,190	710	1,011
7	41,600	59,200	3,467	4,934	1,600	2,277	1,734	2,467	800	1,139
8	46,280	65,860	3,857	5,489	1,780	2,534	1,929	2,745	890	1,267
For each additional hhld member, add	4,680	6,660	390	555	180	257	195	278	90	129

NOTE TO LOCAL AGENCY OFFICIALS:

When making a determination, the frequency of the current income is compared to the respective income eligibility guidelines (IEG) scale above (weekly income is compared to the weekly scale above). Past practice has been to convert all income to a monthly amount with established conversion factors. However, use of these conversion factors has resulted in some perceived inconsistencies in the relationship between converted amounts and the weekly, bi-weekly (every 2 weeks), bi-monthly (twice a month), and monthly income limits shown in the above Income Eligibility Guidelines.

To avoid these problems, the following procedures are recommended:

- If a household has only one income source, or if all sources are the same frequency, do not use conversion factors. Compare the income or the sum of the incomes to the published IEG for appropriate frequency and household size to make the eligibility determination.
- If a household reports income sources at more than one frequency, the preferred method is to annualize all income by multiplying weekly income by 52, income received every 2 weeks by 26, income received twice a month by 24, and income received monthly by 12.
- ***Do not round the values resulting from each conversion.***
- Add the sources of income together and compare to the scale above.

Instructions for farm/self-employed people are included in parent letter and the guidance for completing the application as well as memo.

The agency should verify any questionable applications as they come in. Applications selected for the verification process are the only ones to be reported in the 742SD Summary Form from NSLP memo #51.3.

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ATTACHMENT B1

PRICING NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM

HOUSEHOLD LETTER, INCOME GUIDELINES, APPLICATION, AND INSTRUCTIONS

Pages A-7 through A-10 are to be used for programs that do charge for lunches, breakfasts, and /or snacks. Only the reduced income scale may be used in the letter for meal benefit applications.

LEAs must use household applications rather than gathering applications from individual children or by school/attendance center.

Some changes the school/center may make that do not require advance approval:

- Remove document title “Pricing Prototype Letter to Households” and page number. Add in local agency name and/or letterhead.
- Add in the school’s/center's meal prices.
- List different reduced price, if less than the listed price.
- Indicate adult meal price.
- Add in the contact person for questions/fair hearing.
- Remove the words: name, phone number, address, and signature when you put information in those blanks.
- Add meal times or other information about the program.
- Delete references to breakfast and snack if these meals are not offered.
- Change the notification section to specify how the household will be notified. Remember that the school must always send written denial letters (See Attachment C).
- Add a separate cover letter explaining the local school’s/center's prices, times, charging policies, etc.
- Remove foreign language instructions at the end of the letter. Letters and applications are available from US Department of Agriculture in several languages. Contact Child & Adult Nutrition Services for information.
- Add homeless and migrant coordinator name and phone number on part 2B of application for meal benefits.

Child and Adult Nutrition Services staff must approve any other changes prior to applications being distributed.

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PRICING PROGRAMS - PROTOTYPE LETTER TO HOUSEHOLDS

Dear Parent/Guardian:

The (school/center) offers healthy meals every day that it is open. Breakfast costs \$____; lunch costs \$____ and snacks for after school programs cost \$____. Children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast, \$.40 for lunch, and \$.15 for snack.

To apply for free or reduced price meals, use the Free and Reduced Price School Meals Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed**

application to: name _____, **address** _____
_____, **phone number** _____

Here are answers to questions you may have about applying:

1. Who can get free or reduced price meals? Children in households getting Food Stamps, TANF, or benefits from the Food Distribution Program on Indian Reservations (FDPIR) and most foster children can get free meals regardless of your income. Children in Head Start receive free meals at Head Start. Medicaid benefits are not a pre-qualifier. Also, if your household income is within the limits on the Income Guidelines chart, children can get free or reduced price meals. If you received a letter from Social Services or an Interagency Notification from the commodity warehouse, turn that into the school/ center instead of filling out an application. If you did not receive an FDPIR Notification, you can ask for one from the certifier.

2. Do I need to fill out an application for each child? No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information.

3. Can homeless, runaway and migrant children get free meals? Please call the school's homeless liaison or migrant coordinator to see if your child (ren) qualifies, if you have not been informed that they will get free meals.

4. I get WIC. Can my child(ren) get free meals? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

5. We are in the military, do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

6. Will the information I give be checked? Yes, we may ask you to send written proof of the information you give.

7. If I don't qualify now, may I apply again later? Yes. You may apply at any time during the year if your household size goes up, income goes down, or if you start getting Food Stamps, FDPIR, or TANF. If you lose your job, children may be able to get free or reduced price meals during the time you are unemployed.

8. What if I do not agree with the school/center's decision about my application? You should talk to school/center officials by calling _____. You may also ask for a hearing by calling or writing to: **name** _____, **address** _____, **phone number** _____.

9. Will you tell anyone else about the information on my form? We will use the information on your form to decide if your children should get free or reduced price meals. We may inform officials associated with other child nutrition, health, and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

10. Will I be notified? You will be notified whether you are approved or denied when the approval process is complete.

11. What if my child needs special foods? The school/center will make substitutions to the regular meal pattern for children whose disability restricts their diet when a physician certifies that disability. The staff may choose to make substitutions for individual children who do not have a disability, but who cannot eat a food item due to medical or other special dietary needs that are supported by a certified medical authority. These cases will be handled on a case-by-case basis. Please call the school/center food service department for further information to request the special diet.

12. May I apply if someone in my household is not a U.S. citizen? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.

13. Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

14. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

If you have other questions or need help, call **phone number** _____.

Si necesita ayuda, por favor llame al teléfono: **phone number** _____.

Si vous voudriez d'aide, contactez nous au numero: **phone number** _____.

Sincerely,

[signature]

INCOME GUIDELINES

(Effective July 1, 2008 through June 30, 2009)

Participants may qualify for free or reduced price meals if your household income is at or below the limits on this chart.

Household Size	Yearly	Monthly	Weekly
1	19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
For each additional member, add	6,660	555	129

Look at the Income Guidelines chart. Find your household size. HOUSEHOLD is: All persons, including parents, children, college students, grandparents, and all people related or unrelated who live in your home and share living expenses. Find your total household income. TOTAL HOUSEHOLD INCOME is the income each household member got last month before taxes. This includes wages, social security, pension, unemployment, welfare child support, alimony, and any other cash income. In certain cases, foster children are eligible for free and reduced price meals regardless of your income. If you have foster children living with you, look at Part 2 on the application. If you have more questions about applying for them, please contact us.

DETERMINING INCOME

If a household reports income sources at more than one frequency, the preferred method is to annualize all income by multiplying weekly income by 52, income received every 2 weeks by 26, income received twice a month by 24, and income received monthly by 12. ***Do not round the values resulting from each conversion.***

To figure monthly income for farm/self-employed: The information to figure income from private business operation is to be taken from your U.S. Individual Income Tax Return – Form 1040. Write the numbers from the corresponding tax form lines in the spaces below. Divide the total by 12 and write it on the application in the earnings column as monthly, or list the whole amount as yearly. If it is a negative number, write it as zero on the application. All other income on lines 7 through 22 of the tax form must be listed separately for the person who earned it. Net loss carryover cannot be used to decrease the household income.

<u>Proprietorship Income</u>	<u>Farm Income</u>	<u>Partnership Income</u>
Line 12 \$ _____	Line 13 \$ _____	Line 13 \$ _____
Line 13 \$ _____	Line 14 \$ _____	Line 14 \$ _____
Line 14 \$ _____	Line 17 \$ _____	Line 17 \$ _____
TOTAL \$ _____	Line 18 \$ _____	TOTAL \$ _____
	TOTAL \$ _____	

INCOME TO REPORT

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business,
day care business or farm

Children's Income

Do not include income from a child's occasional work such as lawn mowing, babysitting, cleaning walks, etc. A child's income from regularly scheduled jobs must be included.

Pensions/Retirement/Social Security

Pensions
Supplemental Security Income
Veteran's payments
Social Security

Welfare/Child Support/Alimony

Public assistance payments
Alimony/child support payments

Other Monthly Income/Self-employment

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not
living in the same household
Net royalties/annuities/net rental income
Any other income

APPLICATION FOR FREE AND REDUCED PRICE MEALS

(For complete instructions, refer to next page.)

☐ New Applicant☐ Previous Applicant

To apply for free or reduced price meals, fill out this application and sign your name. Complete a separate application for each foster child.

Part 1 A.

Child's Name	School or Center	Grade	Age	Child's Name	School or Center	Grade	Age
1. _____	_____	_____	_____	4. _____	_____	_____	_____
2. _____	_____	_____	_____	5. _____	_____	_____	_____
3. _____	_____	_____	_____	6. _____	_____	_____	_____

Part 1 B. Households receiving Food Stamps (FS), temporary assistance for needy families (TANF), or Food Distribution Program on Indian Reservations (commodities or FDPIR): If your household is NOW receiving Food Stamps, TANF, and FDPIR for all of the above named children, list the CASE NUMBER. Fill out Sections 1, 2 and 4. If not all of the above named children receive these benefits, you must also complete Sections 3 and 4. The application MUST have the signature of an adult.

Food Stamp Case Number: _____

TANF Case Number: _____

FDPIR Case Number: _____

Part 2. Is this child a foster, migrant, or runaway?

2A. If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income:

\$ _____. Skip to Part 4.

2B. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school's homeless liaison or migrant coordinator at phone # _____.

Homeless ☐ Migrant ☐ Runaway ☐**Part 3. Total Household Income from Last Month – You must tell us how much and how often**

A. Name (List everyone in household)	B. Last month's income and how often it was received Example: \$100/month \$100/twice a month \$100/ every other week \$100/weekly				C. Check if No income
	Earnings from work before deductions \$ _____ / _____	Welfare, child support, alimony \$ _____ / _____	Pensions, retirement, Social Security \$ _____ / _____	Farm/Other \$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, the children may lose meal benefits, and I may be prosecuted.

Sign here: X _____

Social Security Number: _____ - _____ - _____ ☐ I do not have a Social Security Number

Printed Name: _____ Home Phone: _____ Work Phone: _____

Home Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Date: _____

FOR SCHOOL/CENTER USE ONLYFood Stamp / FDPIR / TANF or other eligible program household categorically eligible free: ☐ Yes ☐ NoTotal monthly income: _____ Eligibility Classification: ☐ Free ☐ Reduced Price ☐ PaidHousehold Size: _____ Not Eligible: ☐ Over income ☐ Incomplete informationTemporary Eligibility: ☐ Free ☐ Reduced Price Until: _____

Date Notification Sent: _____ Change in Status Date: _____ Date Withdrawn: _____

Signature of Determining Official: _____ Date: _____

INSTRUCTIONS FOR APPLYING

Use a separate application for each foster child. List other children together.

If your household gets FOOD STAMPS, FDPIR, OR TANF for all of the children listed, follow these instructions:

Part 1A: List each child's name, school/center, age, and/or grade.

Part 1B: List the Food Stamp, FDPIR, and/or TANF case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1A: List each child's name, school/center, age, and/or grade.

Part 1B: Skip this part.

Part 2: List the child's personal use monthly income, if any.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 2B. If you are applying for a homeless, migrant, or a runaway check the appropriate box and call your school's homeless liaison. or migrant coordinator.

ALL OTHER HOUSEHOLDS and for children the household does not get benefits for, follow these instructions:

Part 1A: List each child's name, school/center, age and/or grade,

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A—Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children. College students away at school may still be part of the household in some circumstances. If the student is counted in the household that student's income must also be included. Attach another sheet of paper if you need to.

Column B—Last month's income and how often it was received: List the types of income your household got last month and how often you got them. *Employment income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly). *Other Income:* List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. See sample below. For farm income, see the example on the back of the application. Next to the amount, write how often the person got it.

Column C—Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she does not have one.

Part 3. Total Household Income from Last Month—You must tell us how much and how often

1. Name (List everyone in household)	2. Last month's income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>	3. Check if NO income
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Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410*, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Privacy Act Statement: This explains how we will use the information you give us.

The National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve children for free or reduced price meals. The Social Security Number of the adult household member who signs the application is required unless you list Food Stamp, FDPIR, or TANF case numbers for all children you are applying for, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if children are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into misuse of program rules. **CONFIDENTIALITY:** Section 9 (b) (2) (C) (iii) of the National School Lunch Act, as amended by section 108 of Public Law 101-448, authorizes release of free and reduced price school meal eligibility status for certain programs, such as Title I, administered by the South Dakota Department of Education.

ATTACHMENT B2

NON-PRICING NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM HOUSEHOLD LETTER, INCOME GUIDELINES, APPLICATION, AND INSTRUCTIONS

Pages A-13 through A-16 are to be used for programs that do not charge for lunches and/or breakfasts. Only the reduced income scale may be used in the letter for meal benefit applications.

Some changes the school/center may make that do not require advance approval:

- Remove document title “Non-pricing Programs - Prototype Letter to Households” and page number. Add in local agency name and/or letterhead.
- Remove the words: name, phone number, address, and signature when you put information in those blanks.
- Add meal times or other information about the program.
- Delete references to breakfast and snack if these meals are not offered.
- Add a separate cover letter explaining the local school’s/center's times, policies, etc.
- Remove foreign language instructions at the end of the letter. Letters and applications are available from US Department of Agriculture in several languages. Contact Child & Adult Nutrition Services for information.

Child and Adult Nutrition Services staff must approve any other changes prior to applications being distributed.

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NON-PRICING PROGRAMS - PROTOTYPE LETTER TO HOUSEHOLDS

Dear Parent/Guardian:

The (school/center) offers healthy meals every day that it is open. The (school/center) can get money for meals served when they can document the size and income of households with enrolled children.

To show eligibility for free or reduced price meals, use the Free and Reduced Price School Meals Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: name _____, address _____, phone number _____**

Here are answers to questions you may have about applying:

1. Who can get free or reduced price meals? Children in households getting Food Stamps, TANF, or benefits from the Food Distribution Program on Indian Reservations (FDPIR) and most foster children can get free meals regardless of your income. Children in Head Start receive free meals at Head Start. Medicaid benefits are not a pre-qualifier. Also, if your household income is within the limits on the Income Guidelines chart, children can get free or reduced price meals. If you received a letter from Social Services or an Interagency Notification from the commodity warehouse, turn that into the school/ center instead of filling out an application. If you did not receive an FDPIR Notification, you can ask for one from the certifier.

2. Do I need to fill out an application for each child? No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information.

3. Can homeless, runaway and migrant children get free meals? Please call the school, homeless liaison or migrant coordinator to see if your child(ren) qualify, if you have not been informed that they will get free meals.

4. I get WIC. Can my child (ren) get free meals? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

5. We are in the military, do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

6. Will the information I give be checked? Yes, we may ask you to send written proof of the information you give.

7. If I don't qualify now, may I apply again later? Yes. You may apply at any time during the year if your household size goes up, income goes down, or if you start getting Food Stamps, FDPIR, or TANF. If you lose your job, children may be able to get free or reduced price meals during the time you are unemployed.

8. What if I do not agree with the school/center's decision about my application? You should talk to school/center officials by calling _____. You may also ask for a hearing by calling or writing to: **name _____, address _____, phone number _____.**

9. Will you tell anyone else about the information on my form? We will use the information on your form to decide if your children should get free or reduced price meals. We may inform officials associated with other child nutrition, health, and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

10. Will I be notified? You will be notified whether you are approved or denied when the approval process is complete.

11. What if my child needs special foods? The school/center will make substitutions to the regular meal pattern for children whose disability restricts their diet when a physician certifies that disability. The staff may choose to make substitutions for individual children who do not have a disability, but who cannot eat a food item due to medical or other special dietary needs that are supported by a certified medical authority. These cases will be handled on a case-by-case basis. Please call the school/center food service department for further information to request the special diet.

12. May I apply if someone in my household is not a U.S. citizen? Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

13. Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

14. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

If you have other questions or need help, call **phone number _____**.

Si necesita ayuda, por favor llame al teléfono: **phone number _____**.

Si vous voudriez d'aide, contactez nous au numero: **phone number _____**.

Sincerely,

[signature]

INCOME GUIDELINES

(Effective July 1, 2008 through June 30, 2009)

Participants may qualify for free or reduced price meals if your household income is at or below the limits on this chart.

Household Size	Yearly	Monthly	Weekly
1	19,240	1,604	370
2	25,900	2,159	499
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4	39,220	3,269	755
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8	65,860	5,489	1,267
For each additional member, add	6,660	555	129

Look at the Income Guidelines chart. Find your household size. HOUSEHOLD is all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. Find your total household income. TOTAL HOUSEHOLD INCOME is the income each household member got last month before taxes. This includes wages, social security, pension, unemployment, welfare child support, alimony, and any other cash income. In certain cases, foster children are eligible for free and reduced price meals regardless of your income. If you have foster children living with you and want to apply for them, please contact us.

DETERMINING INCOME

If a household reports income sources at more than one frequency, the preferred method is to annualize all income by multiplying weekly income by 52, income received every 2 weeks by 26, income received twice a month by 24, and income received monthly by 12.

Do not round the values resulting from each conversion.

To figure monthly income for farm/self-employed: The information to figure income from private business operation is to be taken from your U.S. Individual Income Tax Return – Form 1040. Write the numbers from the corresponding tax form lines in the spaces below. Divide the total by 12 and write it on the application in the monthly earnings column. If it is a negative number, write it as zero on the application. All other income on lines 7 through 22 of the tax form must be listed separately for the person who earned it. Net loss carryover cannot be used to decrease the household income.

<u>Proprietorship Income</u>	<u>Farm Income</u>	<u>Partnership Income</u>
Line 12 \$ _____	Line 13 \$ _____	Line 13 \$ _____
Line 13 \$ _____	Line 14 \$ _____	Line 14 \$ _____
Line 14 \$ _____	Line 17 \$ _____	Line 17 \$ _____
TOTAL \$ _____	Line 18 \$ _____	TOTAL \$ _____
	TOTAL \$ _____	

INCOME TO REPORT

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business, day care business or farm

Children's Income

Do not include income from a child's occasional work such as lawn mowing, babysitting, cleaning walks, etc. A child's income from regularly scheduled jobs must be included.

Pensions/Retirement/Social Security

Pensions
Supplemental Security Income
Veteran's payments
Social Security

Welfare/Child Support/Alimony

Public assistance payments
Alimony/child support payments

Other Monthly Income/Self-employment

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the same household
Net royalties/annuities/net rental income
Any other income

APPLICATION FOR FREE AND REDUCED PRICE MEALS

(For complete instructions, refer to next page.)

☐ New Applicant☐ Previous Applicant

To apply for free or reduced price meals, fill out this application and sign your name. Complete a separate application for each foster child.

Part 1 A.

Child's Name	School or Center	Grade	Age	Child's Name	School or Center	Grade	Age
1. _____	_____	_____	_____	4. _____	_____	_____	_____
2. _____	_____	_____	_____	5. _____	_____	_____	_____
3. _____	_____	_____	_____	6. _____	_____	_____	_____

Part 1 B. Households receiving Food Stamps (FS), temporary assistance for needy families (TANF), or Food Distribution Program on Indian Reservations (commodities FDPIR): If your household is NOW receiving Food Stamps, TANF, or FDPIR for all of the above named children, list the CASE NUMBER. Fill out Sections 1, 2 and 4. If not all of the above named children receive these benefits, you must also complete Sections 3 and 4. The application MUST have the signature of an adult.

Food Stamp Case Number: _____

TANF Case Number: _____

FDPIR Case Number: _____

Part 2. Is this child foster, homeless, migrant, or runaway?

2A. If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income:

\$ _____. Skip to Part 4.

2B. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school's homeless liaison or migrant coordinator at phone # _____.

Homeless ☐ Migrant ☐ Runaway ☐**Part 3. Total Household Income from Last Month – You must tell us how much and how often**

A. Name (List everyone in household)	B. Last month's income and how often it was received Example: \$100/month \$100/twice a month \$100/ every other week \$100/weekly				C. Check if No income
	Earnings from work before deductions \$ _____ / _____	Welfare, child support, alimony \$ _____ / _____	Pensions, retirement, Social Security \$ _____ / _____	Farm/Other \$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, the children may lose meal benefits, and I may be prosecuted.

Sign here: X _____

Social Security Number: _____ - _____ - _____ ☐ I do not have a Social Security Number

Printed Name: _____ Home Phone: _____ Work Phone: _____

Home Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Date: _____

FOR SCHOOL/CENTER USE ONLYFood Stamp / FDPIR / TANF or other eligible program household categorically eligible free: ☐ Yes ☐ NoTotal monthly income: _____ Eligibility Classification: ☐ Free ☐ Reduced Price ☐ PaidHousehold Size: _____ Not Eligible: ☐ Over income ☐ Incomplete informationTemporary Eligibility: ☐ Free ☐ Reduced Price Until: _____

Date Notification Sent: _____ Change in Status Date: _____ Date Withdrawn: _____

Signature of Determining Official: _____ Date: _____

INSTRUCTIONS FOR APPLYING

Use a separate application for each foster child. List other children together.

If your household gets FOOD STAMPS, FDPIR, OR TANF for all of the children listed, follow these instructions:

Part 1A: List each child's name, school/center, age, and/or grade.

Part 1B: List the Food Stamp, FDPIR, and/or TANF case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1A: List each child's name, school/center, age, and/or grade.

Part 1B: Skip this part.

Part 2: List the child's personal use monthly income, if any.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 2B. If you are applying for a homeless, migrant, or a runaway check the appropriate box and call your school's homeless liaison, or migrant coordinator.

ALL OTHER HOUSEHOLDS and for children the household does not get benefits for, follow these instructions:

Part 1A: List each child's name, school/center, age and/or grade,

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A—Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children. College students away at school may still be part of the household in some circumstances. If the student is counted in the household that student's income must also be included. Attach another sheet of paper if you need to.

Column B—Last month's income and how often it was received: List the types of income your household got last month and how often you got them. *Employment income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly). *Other Income:* List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. See sample below. For farm income, see the example on the back of the application. Next to the amount, write how often the person got it.

Column C—Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she does not have one.

Part 3. Total Household Income from Last Month—You must tell us how much and how often

1. Name (List everyone in household)	2. Last month's income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>	3. Check if NO income
---	--	------------------------------

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410*, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Privacy Act Statement: This explains how we will use the information you give us.

The National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve children for free or reduced price meals. The Social Security Number of the adult household member who signs the application is required unless you list Food Stamp, FDPIR, or TANF case numbers for all children you are applying for, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if children are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into misuse of program rules. **CONFIDENTIALITY:** Section 9 (b) (2) (C) (iii) of the National School Lunch Act, as amended by section 108 of Public Law 101-448, authorizes release of free and reduced price school meal eligibility status for certain programs, such as Title I, administered by the South Dakota Department of Education.

ATTACHMENT B3

PRICING SPECIAL MILK PROGRAM

HOUSEHOLD LETTER, INCOME GUIDELINES, APPLICATION, AND INSTRUCTIONS

Pages A-19 through A-22 are only needed for Special Milk Programs for split-session kindergarten or for schools with no meals and which accept applications for free milk. If the SFA does not charge for the milk or charges all children the same amount for milk, it is not necessary to obtain applications for free milk. Only the free income scale may be used in the letter for milk applications.

Some changes the school/center can make that do not require advance approval:

- Remove document title “Prototype Letter to Households for Special Milk Program” and page number. Add in local agency name and/or letterhead.
- Add in the school’s/center's milk prices.
- Add in the contact for questions/fair hearing.
- Remove the words: name, phone number, address, and signature when you put information in those blanks.
- Add milk times or other information about the program.
- Change the notification section to specify how the household will be notified. Remember that denials must always be sent in writing (See Attachment C).
-
- Add a separate cover letter explaining the local school’s/center's prices, times, charging policies, etc.
- Remove foreign language instructions at the end of the letter. Letters and applications are available from Child & Adult Nutrition Services in several languages.

Child and Adult Nutrition Services staff must approve any other changes prior to applications being distributed.

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PROTOTYPE LETTER TO HOUSEHOLDS FOR SPECIAL MILK PROGRAM

Dear Parent/Guardian:

This letter tells how your child can get free milk at school. Milk costs \$_____ per half pint and is offered _____ times per day. Children may qualify for free milk.

To apply for free milk, use the Application Form, that is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to:**

name _____, **address** _____
phone number _____

Here are answers to questions you may have about applying:

1. Who can get free milk? Children in households getting Food Stamps, TANF, or benefits from the Food Distribution Program on Indian Reservations (FDPIR) and most foster children can get free milk regardless of your income. Medicaid benefits are not a pre-qualifier. Also, if your household income is within the limits on the Income Guidelines chart, children can get free milk. If you received a letter from Social Services or an Interagency Notification from the commodity warehouse, turn that into the school/center instead of filling out an application. If you did not receive an FDPIR Notification, you can ask for one from the certifier.

2. Do I need to fill out an application for each child? No. Complete the application to apply for free milk. Use one Free Milk Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information.

3. Can homeless, runaway and migrant children get free milk? Please call the school's homeless liaison or migrant coordinator to see if your child(ren) qualify, if you have not been informed that they will get free milk.

4. I get WIC. Can my child(ren) get free milk? Children in households participating in WIC may be eligible for free milk. Please fill out an application.

5. We are in the military, do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

6. Will the information I give be checked? Yes, we may ask you to send written proof of the information you give.

7. If I don't qualify now, may I apply again later? Yes. You may apply at any time during the year if your household size goes up, income goes down, or if you start getting Food Stamps, FDPIR, or TANF. If you lose your job, children may be able to get free milk during the time you are unemployed.

8. What if I do not agree with the school/center's decision about my application? You should talk to school/center officials by calling _____. You may also ask for a hearing by calling or writing to: **name** _____, **address** _____, **phone number** _____.

9. Will you tell anyone else about the information on my form? We will use the information on your form to decide if your children should get free milk. We may inform officials associated with other child nutrition, health, and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

10. Will I be notified? You will be notified whether you are approved or denied when the approval process is complete.

11. What if my child cannot have milk? The school/center will make substitutions to the milk for children whose disability restricts their diet when a physician certifies that disability as well as what should be substituted in its place. The staff may choose to make substitutions for individual children who do not have a disability, but who cannot drink milk item due to medical or other special dietary needs that are supported by a certified medical authority. These cases will be handled on a case-by-case basis. Please call the school/center food service department for further information to request the special diet.

12. May I apply if someone in my household is not a U.S. citizen? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free milk.

13. Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

14. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

If you have other questions or need help, call **phone number** _____.

Si necesita ayuda, por favor llame al teléfono: **phone number** _____.

Si vous voudriez d'aide, contactez nous au numero: **phone number** _____.

Sincerely,

[signature]

INCOME GUIDELINES

(Effective July 1, 2008 through June 30, 2009)

Participants may qualify for free or reduced price meals if your household income is at or below the limits on this chart.

Household Size	Yearly	Monthly	Weekly
1	13,520	1,127	260
2	18,200	1,517	350
3	22,880	1,907	440
4	27,560	2,297	530
5	32,240	2,687	620
6	36,920	3,077	710
7	41,600	3,467	800
8	46,280	3,857	890
For each additional member, add	4,680	390	90

Look at the Income Guidelines chart. Find your household size. HOUSEHOLD is all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. Find your total household income. TOTAL HOUSEHOLD INCOME is the income each household member got last month before taxes. This includes wages, social security, pension, unemployment, welfare child support, alimony, and any other cash income. In certain cases, foster children are eligible for free milk regardless of your income. If you have foster children living with you, look at Part 2 on the application. If you have more questions about applying for them, please contact us.

DETERMINING INCOME

If a household reports income sources at more than one frequency, the preferred method is to annualize all income by multiplying weekly income by 52, income received every 2 weeks by 26, income received twice a month by 24, and income received monthly by 12.

Do not round the values resulting from each conversion.

To figure monthly income for farm/self-employed: The information to figure income from private business operation is to be taken from your U.S. Individual Income Tax Return – Form 1040. Write the numbers from the corresponding tax form lines in the spaces below. Divide the total by 12 and write it on the application in the monthly earnings column. If it is a negative number, write it as zero on the application. All other income on lines 7 through 22 of the tax form must be listed separately for the person who earned it. Net loss carryover cannot be used to decrease the household income.

<u>Proprietorship Income</u>	<u>Farm Income</u>	<u>Partnership Income</u>
Line 12 \$ _____	Line 13 \$ _____	Line 13 \$ _____
Line 13 \$ _____	Line 14 \$ _____	Line 14 \$ _____
Line 14 \$ _____	Line 17 \$ _____	Line 17 \$ _____
TOTAL \$ _____	Line 18 \$ _____	TOTAL \$ _____
	TOTAL \$ _____	

INCOME TO REPORT

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business, day care business or farm

Children's Income

Do not include income from a child's occasional work such as lawn mowing, babysitting, cleaning walks, etc. A child's income from regularly scheduled jobs must be included.

Pensions/Retirement/Social Security

Pensions
Supplemental Security Income
Veteran's payments
Social Security

Welfare/Child Support/Alimony

Public assistance payments
Alimony/child support payments

Other Monthly Income/Self-employment

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the same household
Net royalties/annuities/net rental income
Any other income

APPLICATION FOR FREE MILK

(For complete instructions, refer to next page.)

☐ New Applicant
☐ Previous Applicant

To apply for free milk, fill out this application and sign your name. Complete a separate application for each foster child.

Part 1 A.

Child's Name	School or Center	Grade	Age	Child's Name	School or Center	Grade	Age
1. _____	_____	_____	_____	4. _____	_____	_____	_____
2. _____	_____	_____	_____	5. _____	_____	_____	_____
3. _____	_____	_____	_____	6. _____	_____	_____	_____

Part 1 B. Households receiving Food Stamps (FS), temporary assistance for needy families (TANF), or Food Distribution Program on Indian Reservations (commodities or FDPIR): If your household is NOW receiving Food Stamps, TANF, and FDPIR for all of the above named children, list the CASE NUMBER. Fill out Sections 1, 2 and 4. If not all of the above named children receive these benefits, you must also complete Sections 3 and 4. The application MUST have the signature of an adult.

Food Stamp Case Number: _____

TANF Case Number: _____

FDPIR Case Number: _____

Part 2. Is this child foster, homeless, migrant, or runaway?

2A. If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ _____. Skip to Part 4.

2B. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school's homeless liaison or migrant coordinator at phone # _____.

Homeless ☐ Migrant ☐ Runaway ☐**Part 3. Total Household Income from Last Month – You must tell us how much and how often**

A. Name (List everyone in household)	B. Last month's income and how often it was received Example: \$100/month \$100/twice a month \$100/ every other week \$100/weekly				C. Check if No income
	Earnings from work before deductions \$ _____ / _____	Welfare, child support, alimony \$ _____ / _____	Pensions, retirement, Social Security \$ _____ / _____	Farm/Other \$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, the children may lose benefits, and I may be prosecuted.

Sign here: X _____

Social Security Number: _____ - _____ - _____ ☐ I do not have a Social Security Number

Printed Name: _____ Home Phone: _____ Work Phone: _____

Home Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Date: _____

FOR SCHOOL/CENTER USE ONLYFood Stamp / FDPIR / TANF or other eligible program household categorically eligible free: ☐ Yes ☐ NoTotal monthly income: _____ Eligibility Classification: ☐ Free ☐ PaidHousehold Size: _____ Not Eligible: ☐ Over income ☐ Incomplete informationTemporary Eligibility: ☐ Free Until: _____

Date Notification Sent: _____ Change in Status Date: _____ Date Withdrawn: _____

Signature of Determining Official: _____ Date: _____

INSTRUCTIONS FOR APPLYING

Use a separate application for each foster child. List other children together.

If your household gets FOOD STAMPS, FDPIR, or TANF for all of the children listed, follow these instructions:

Part 1A: List each child's name, school/center, age, and/or grade.

Part 1B: List the Food Stamp, FDPIR, and/or TANF case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1A: List each child's name, school/center, age, and/or grade.

Part 1B: Skip this part.

Part 2: List the child's personal use monthly income, if any.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 2B. If you are applying for a homeless, migrant, or a runaway check the appropriate box and call your school's homeless liaison, or migrant coordinator.

ALL OTHER HOUSEHOLDS and for children the household does not get benefits for, follow these instructions:

Part 1A: List each child's name, school/center, age and/or grade,

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A—Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children. College students away at school may still be part of the household in some circumstances. If the student is counted in the household that student's income must also be included. Attach another sheet of paper if you need to.

Column B—Last month's income and how often it was received: List the types of income your household got last month and how often you got them. *Employment income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly).

Other Income: List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. See sample below. For farm income, see the example on the back of the application. Next to the amount, write how often the person got it.

Column C—Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she does not have one.

Part 3. Total Household Income from Last Month—You must tell us how much and how often

1. Name	2. Last month's income and how often it was received	3. Check if NO income
(List everyone in household)	<i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>	

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410*, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Privacy Act Statement: This explains how we will use the information you give us.

The National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve children for free milk. The Social Security Number of the adult household member who signs the application is required unless you list Food Stamp, FDPIR, or TANF case numbers for all children you are applying for, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if children are eligible for free milk, to run the program, and to enforce the rules of the program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into misuse of program rules.

CONFIDENTIALITY: Section 9 (b) (2) (C) (iii) of the National School Lunch Act, as amended by section 108 of Public Law 101-448, authorizes release of free and reduced price school meal eligibility status for certain programs, such as Title I, administered by the South Dakota Department of Education.

ATTACHMENT C

NOTIFICATION LETTER FOR PRICING LUNCH/BREAKFAST AND SMP OPTION II

Dear _____ :

Your application for free and reduced price meals (or free milk) for your child(ren) has been :

- ☐ Approved for free meals
- ☐ Approved for reduced price meals at _____ cents for lunch,
_____ cents for breakfast, and _____ cents for snack.
- ☐ Approved for free meals due to child being certified as migrant, homeless, or runaway
- ☐ Approved for free milk
- ☐ Denied for the following reason(s):
 - ☐ Income over the allowable amount
 - ☐ Incomplete application. The following information is missing:

If you do not agree with the decision, you may discuss it with the (school/center) determining official, _____, at phone number _____. You also have the right to a fair hearing. The hearing official is _____ . To request a hearing, call or write: _____

NAME & TITLE _____

ADDRESS _____

PHONE _____

Income or household size sometimes changes during the year. Effective July 1, 2004, the Child Nutrition and WIC Reauthorization Act of 2004 specifies households' eligibility for free and reduced price meals shall remain in effect beginning on the date of eligibility for the current school year and ending on a date that is no more than 30 days into the subsequent school year. This provision does not apply when the initial eligibility determination was incorrect or when the verification of household eligibility does not support the level of benefits for which the household was approved. In those instances, officials must make appropriate changes in eligibility. Additionally, this provision does not apply when a household is given temporary approval. It is no longer required that families report household income increases by more than \$50 per month (\$600 per year) or when your household size decreases. This also means if the child(ren) were approved for free meals based on eligibility for Food Stamps, TANF, or FDPIR Commodities, the household does not have to report to the school food authority if those benefits are relinquished during the school year.

Sincerely,

(NAME OF DETERMINING OFFICIAL)
(TITLE)

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

FOOD STAMPS: The Food Stamp Program provides nutrition assistance to people with low income. It can help you buy nutritious foods for a better diet. To find out more and to obtain information on how to contact the Social Services office in your area, call 1-877-999-5612.

CHIP: The Children's Health Insurance Program (CHIP) in South Dakota helps eligible families get free insurance for children under age 19. If you get free or reduced price meals, or are just over the guidelines for reduced price meals, and want more information about CHIP you should call the Department of Social Services in your county or call 1-800-305-3064.

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ATTACHMENT D
RESIDENTIAL CHILD CARE INSTITUTIONS ONLY.
PROTOTYPE FOR LISTING OF CLIENTS
This can be kept in a computer file or it can be kept on paper.

NAME	DATE OF BIRTH	SOC. SEC. #	INCOME	SOURCE	DATE IN	DATE OUT	MISCELLANEOUS

Date of birth utilized in verifying age for program eligibility.
Social Security number required if available. If not available, write "not available."
Date In/Date Out--date client enters/leaves institution's care.

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Attachment E

VERIFICATION AND ON-SITE MONITORING CALENDAR PLAN

1. VERIFICATION: (See numbered memo NSLP #51.3)

Verification is required for any School Food Authority (SFA) that gathers applications for free and reduced price meals. Exempt SFAs are residential child care institutions (RCCI's) that have no day students and those SFAs that are past the base year for special provisions 2 or 3. However all SFA's must annually complete the Verification Report 742SD found in NSLP Memo 51.3 by February 1.

Complete either A or B below:

A. Our SFA is exempt from completing verification because:

- ☐ it is an RCCI with no day students
- ☐ it is beyond base year for special provision 2 or 3

B. Verification calendar and responsible individuals:

Calendar for verification

1. _____ Date applications to be verified will be selected
2. _____ Date notices to households to be verified will be sent
3. _____ Date responses due
4. _____ Date notices confirming or denying continued eligibility will be sent

The person who will complete initial eligibility of household application:

(Name)

(Position)

The person who will complete the confirmation review. (See page 4 of NSLP memo #51.3):

(Name)

(Position)

- ☐ Our SFA is exempt from doing the confirmation review because an approved automated software program is used to determine free and reduced eligibility.

2. ON-SITE MONITORING REVIEW: (See numbered memo NSLP #52)

On-site reviews are required annually at all SFAs that have more than one site where lunches are served. The review issues covered by federal regulation deal with meal count systems; however, the SFA is encouraged to review other issues of importance, such as sanitation, school policies and procedures, customer service, and presentation of the meals. Complete either A or B.

A. Our SFA is exempt from completing on-site reviews because:

- ☐ We have only 1 serving site.

B. Calendar of reviews and responsible persons:

The person who will complete the on-site reviews is: _____

(name) _____ (position) _____

On-site reviews will be completed between the dates of _____ and _____.

Attachment E Continued

3. **ON-SITE REVIEW WORKSHEET for SNACK AFTER SCHOOL PROGRAM:** (See NSLP memo #36)

Complete either A or B below:

A. ☐ Our school does not offer Snack after School.

B. Calendar of reviews and responsible persons:

The first review for each snack after school site needs to be completed in the first 4 weeks of operation. This year the on-site reviews will be completed between the dates of _____ and _____.

The second on-site reviews will be completed between the dates of _____ and _____ which will be before the last operating day.

The person who will complete the on-site reviews is:

(name) _____ (position) _____

Attachment F

ANNUAL INFORMATION UPDATE

I. Meal Service Information:

This was originally gathered in Part 2. If the particular meal is not offered or if you do not charge for meals, check the appropriate box; otherwise, complete the grid of times and prices. List the highest meal price charged to children rather than trying to break down by age group. Specific prices by grade group are gathered in the October site survey.

	Service Time	Service Time	Price	Price	Price
Meal Type	From	To	Reduced	Full	Adult
Breakfast <input type="checkbox"/> not offered	_____ A.M.	_____ A.M.	\$ _____ <input type="checkbox"/> Non-pricing	\$ _____ <input type="checkbox"/> Non-pricing	\$ _____
Lunch <input type="checkbox"/> not offered	_____ A.M. _____ P.M.	_____ A.M. _____ P.M.	\$ _____ <input type="checkbox"/> Non-pricing	\$ _____ <input type="checkbox"/> Non-pricing	\$ _____
Milk-SMP <input type="checkbox"/> not offered	_____ A.M. _____ P.M.	_____ A.M. _____ P.M.	Not Applicable	\$ _____ <input type="checkbox"/> Non-pricing	\$ _____
Snack <input type="checkbox"/> not offered	_____ P.M.	_____ P.M.	<input type="checkbox"/> Non-pricing	<input type="checkbox"/> Non-pricing	\$ _____

NOTE: Adult prices need to be at least the student highest price plus commodity value. See NSLP memo #56 for further guidance.

II. Snacks After School:

1. ☐ SFA does not offer snack after school and has no current plans to add it.
2. ☐ SFA was approved for snack after school and plans to continue at previously approved sites.
 - a. ☐ Claiming "all free" rate for the following attendance centers that meet the requirement of 50% of students eligible free and reduced meals for October of prior year.

State Agency Verification
 Init _____ %
 - b. ☐ Claiming free, reduced price and paid rates for the following attendance centers which do not meet the 50% eligibility requirement.
3. ☐ SFA plans to discontinue snack after school at the following previously approved sites:
4. ☐ SFA plans to add snack after school. Parts 2 and 3 have been amended and are enclosed for approval.

III. Special Milk Program – Pricing Option Only:

Note: SMP is only for split session kindergarten or preschool students or students enrolled in schools that do not offer school breakfast and/or lunch. It is not a program for midday milk break for all children.

1. ☐ Not applicable. SFA does not offer Special Milk Program or does not utilize the pricing option.
2. ☐ SFA does offer Special Milk Program utilizing pricing option. The price of milk per half pint for the coming school year is: Whole _____ 2% _____ 1% _____ Skim _____ Flavored _____

Attachment G

ANNUAL SEVERE NEED BREAKFAST DETERMINATION

I. Severe Need Breakfast Eligibility:

Severe need breakfast rate needs to be established annually. Eligibility is based upon 40% of lunches served at free and reduced rate in second prior year. Site for severe need breakfast is defined as building in this instance. See instructions for "Eligibility for Severe Need Breakfast".

1. ☐ Not applicable. Breakfast is not offered.
2. ☐ Not applicable. Sites where breakfast is offered do not meet eligibility requirement or school is not interested in higher rates of reimbursement.
3. ☐ SFA hereby applies for severe need breakfast rates for sites listed on the attached worksheet that meet eligibility requirements. The worksheet shows total, free, and reduced price lunches served in the second prior year and the resulting percentage. Do not round up.

II. Eligibility for Severe Need Breakfast Worksheet:

The following CANS website link <http://doe.sd.gov/oess/cans/nslp/index.asp> contains instructions and a form to determine if some or all of their breakfast serving sites qualify for severe need breakfast rates. If the SFA cannot access the website link please call Cody Stoeser, Education Program Specialist, at 605-773-3456 or email cody.stoeser@state.sd.us for assistance. Complete the worksheet, print out, and submit with this attachment.

The worksheet information needed in determining eligibility requires the following data:

Site Name #1	Site Name #2	Site Name #3
Reduced _____	Reduced _____	Reduced _____
Free _____	Free _____	Free _____
Paid _____	Paid _____	Paid _____
Total _____	Total _____	Total _____
F&R % _____	F&R% _____	F&R% _____

ATTACHMENT H

The State Agency will send this release with eligibility guidelines to all local papers and the Department of Labor's Career Centers. Local agencies may provide additional information to the newspapers. Local agencies should also provide this information to any grassroots organizations that may assist in providing information relating to free and reduced-price meals.

If a layoff should occur that would require notice to the company, to Social Services or other organizations working with the displaced workers, this release should be used as a guide to provide information to the company. Also, refer to numbered memo NSLP-66.

FOR IMMEDIATE RELEASE

FREE AND REDUCED PRICE MEALS FOR SCHOOL CHILDREN

PIERRE -- Child and Adult Nutrition Services in the South Dakota Department of Education has announced the policy for free milk or free and reduced price meals. The policy applies to children unable to pay the full price of meals or milk served under the National School Lunch, School Breakfast, and/or Special Milk Programs. The administrative office of each school that participates in the Lunch, Breakfast, and/or Milk Program has a copy of the policy that is available for review.

Children from families whose income is at or below the levels shown are eligible for free or reduced price meals. Children from a household whose income is at or below the level shown for free meals may be eligible for free milk if the school participates in a federally funded pricing Special Milk Program. Families may apply for free or reduced price meals or free milk for their children for school year 2008-2009 according to guidelines effective July 1, 2008. Applications will be provided to all households by the local school.

Households that are currently on Food Stamps or Temporary Assistance for Needy Families (TANF) will receive letters indicating that their children are eligible for FREE school meals. These families SHOULD NOT complete an application for free meals. They should bring the letter or a copy of the letter to the school. Families receiving commodities through the Food Distribution Program on Indian Reservations (FDPIR) can request an Interagency Action Notice that can be brought to the school in place of an application to document eligibility for free meals. Children who are homeless, runaway, or from a migrant household may be eligible for free meals. Contact school for more information. Children who are enrolled in Head Start get free meals at Head Start.

If a household that receives food stamps, TANF, or FDPIR (commodities) does not receive the letter from Social Services or the Interagency Notice of Action or chooses not to bring it to school, the household should complete an application. An application from these households must include the names of children for whom benefits are being requested, the case number from their program, and the signature of an adult household member. Information on any application may be verified at any time during the school year by school or other program officials.

Most foster children are eligible for free or reduced price meals or free milk regardless of the income of the household in which they reside. Households with a foster child should contact the school for more information on how to apply for the benefits.

To apply for free or reduced price meals, other households should fill out the application and return it to the school. An application must include the names of children for whom benefits are requested, all household members and their monthly income, and be signed by an adult household member with that person's social security number. Incomplete applications cannot be approved for free and reduced price meals. Additional copies are available in the school office. The information provided on the application is confidential and will be used for the purpose of determining eligibility status for school meals and Title I programs.

An eligibility determination is good for the whole year; however, applications may be submitted at any time during the year. If a household member becomes unemployed or if the household size changes, the household should contact the school. The children from that household may be eligible for free or reduced price meals or free milk during the time of unemployment if the household's income falls within the income eligibility guidelines.

If a parent or guardian is dissatisfied with the ruling on the application for eligibility, she/he may contact the determining official on an informal basis. If the parent or guardian wishes to make a formal appeal, an oral or written request may be made to the school's hearing official for a hearing to appeal the decision.

Some schools may choose to send a special notice about the Children's Health Insurance Program to households with the application. It provides a way for school personnel to know if families will allow them to use students' eligibility status for other program benefits. The decision whether or not a household is eligible for meal benefits or not is not affected by this form.

Children who get free or reduced price meals are treated the same as children who pay for meals. No child will be discriminated against in accordance with Federal law and U.S. Department of Agriculture policy. This institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800)795-3272 or call 202-720-6382 (voice and TDD). USDA is an equal opportunity provider and employer. If a child needs a special diet as prescribed by a doctor, the household should contact the local school's food service manager.

Below are the income scales to be used to determine an applicant's eligibility for free or reduced price meals if the household is at or below the guidelines.

Income Eligibility Guidelines: 2008 - 2009

	Annually	Annually	Monthly	Monthly	Weekly	Weekly
Household Size	Free	Reduced Price	Free	Reduced Price	Free	Reduced Price
1	13,520	19,240	1,127	1,604	260	370
2	18,200	25,900	1,517	2,159	350	499
3	22,880	32,560	1,907	2,714	440	627
4	27,560	39,220	2,297	3,269	530	755
5	32,240	45,880	2,687	3,824	620	883
6	36,920	52,540	3,077	4,379	710	1,011
7	41,600	59,200	3,467	4,934	800	1,139
8	46,280	65,860	3,857	5,489	890	1,267
For each additional household member, add	4,680	6,660	390	555	90	129